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‘A Leche’
A Deontological Text in
Gonville and Caius College MS 451/392

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Introduction

This thesis is a presentation of ‘A Leche’, a deontological text in Cambridge, Gonville and Caius College MS 451/392, pp. 20-22. The title is mine. The manuscript is mentioned by Kari Anne Rand in volume 17 of The Index of Middle English Prose (henceforth referred to as IMEP), and some of the texts in the MS are commented on briefly there. However, no edition exists of any part of the MS. The text on pp. 20-22 is of particular interest because of the contents, and deserves closer attention. This thesis may be seen as a preliminary study to an edition, perhaps in the form of an article. The MS is a compilation which mainly contains various kinds of medical recipes in Latin and English. The compilation may have been put together much later than the time of writing, but someone must have had an interest in collecting all these texts. It looks like a typical leechbook which may have been owned by a practitioner of medicine, or someone literate and interested in medicine who wanted to be able to cure simple illnesses in his family or close surroundings. The MS is not marked by any owner or scribe, nor is there a date. M.R. James dates it to the fifteenth century, however.¹

This thesis has three aims. The first is to place the text historically, looking more closely at both medical practice and medical writing in late medieval England. The categories of both practitioners of medicine and of writings which are defined as medical in this period are indisputably wide, demanding sub-categorisation and explanations. The subject of the text is of a deontological nature, dealing with the patient-practitioner relationship. The text gives advice on how a leech should behave towards his patients. This provides us with an interesting starting point, as texts of this kind are comparatively rare. Another aspect worth noting is the fact that unlike almost all medical texts in the English vernacular from this period, the text has no obvious Latin source.

As the scribe is unknown, a second aim of the thesis is to try to localise him and place the MS geographically using A Linguistic Atlas of Late Middle English (henceforth referred to as LALME). Although it is difficult to find the exact geographical origin of a MS based solely on the spellings it contains, there should be a chance of narrowing the localisation down to a fairly restricted area.

The third aim is to present a semi-diplomatic transcription of the handwritten text. I have also included a translation into present-day English, in the hope that this will make the

¹ James, M.R. 1907. Catalogue of the Manuscripts in Gonville and Caius College Library.
text and its contents accessible to more scholars. Special features of the hand are commented on, along with rare spellings used.

Part one of the thesis is devoted to the first and second aim, placing the MS both historically and geographically. Chapter 1 introduces the MS, with a technical description and with information about the contents of the whole collection and the deontological text in particular. Chapters 2, 3 and 4 will explore the historical context and thus provide background information for the rest of the thesis, dealing with medical education and practice, medical writing, and medical deontology in late medieval England. Chapter 5 presents characteristics of the scribal hand and a dialect study based on LALME to find a geographical origin for the text. Lastly, chapter 6 sums up the contextual findings in an attempt to discover more about possible users and the scribe of the text.

Part two is concerned with the third aim of the thesis, presenting a transcription of the text. Chapter 7 includes notes and principles for the semi-diplomatic transcription, a facsimile of the original MS, and the transcription itself. Chapter 8 presents a translation into present-day English. Appendices are also included to provide more detailed data resulting from the research for the various sections.
1 The Manuscript

I first consulted a microfilm of Cambridge, Gonville and Caius MS 451/392. I then examined the original MS in the Old Library in Gonville and Caius College, Cambridge. My findings were compared with the *Descriptive Catalogue of the Manuscripts in the Library of Gonville and Caius College* by Montague Rhodes James (1907) and *The Index of Middle English Prose, Handlist XVII: Manuscripts in the Library of Gonville and Caius College, Cambridge* by Kari Anne Rand (2001). The description of the contents of the other texts in the MS which I present below is based on these two sources.

1.1 Manuscript description

Gonville and Caius MS 451/392 was previously bound with what is now MS 451a/750. The compound volume was listed by Bernard as no. 978 and by Smith as no. 451. The present volume is no. 451.392 in James’s catalogue. This manuscript contains several parts put together in 47 folios. There is great variation within the compilation, both in respect of hands and the size of the sheets. The texts are written on vellum, and there are signs of pricking and ruling on many of the pages. Although containing medieval texts, pagination has been added later, possibly by the compiler or by James, in the top left and right corners, from 1 to 94. Part of the lower margin on pp. 47/48 has been cut off, and p. 48 has been left blank. Three pages have been cut out between pp. 48-49, leaving stubs. A strip has been inserted between pp. 90-91. Pp. 27-47 are more narrow than those in the rest of the MS, featuring a professional hand that has left space for capitals throughout. These pages are wrinkled and appear to have been exposed to damp. Illustrations appear mainly as functional decoration where they occur at all. M.R. James gives the following collation: $1^8 | 2^6$ (wants 6) $3^8 4^7$ (three left) $5^8 6^8 | 7^8$. James also divided the MS into different parts, according to hand and contents. This division will not be included here, as it is too inaccurate. The manuscript contains no scribe signatures or marks of ownership. As noted, the MS is not dated, but James dates it to the fifteenth century.

The text on pp. 20-22 is written in clear black ink by a professional, consistent hand. All three pages are ruled and each has 39 lines. The pages are paginated in the same hand as the rest of the MS. There are signs of pricking along the edges, but in some places this is not

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visible because the pages have been cropped unevenly. The pages are somewhat torn along the edges, and there is a hole at the head of p. 20. A note has been added in the left margin on p. 20.

1.2 Contents

The following list of contents is based on M.R. James's catalogue entry for the MS, on Kari Anne Rand's entry in IMEP vol. XVII, on her additional notes which have been made available to me, and on my own observations.

Contents 451/392

1. p. 1  ‘Duplici causa me cogente socii dulcissimi hoc opus constituere summo opera desiderauui . . .’.
(p. 1  ‘Medicina est sciencia ponendi modum . . .’)  
p. 16  ‘. . . aut uina laxatia. Explicit’.
Unidentified Latin medical tract which contains approx. 125 recipes. The pages which make up this quire are smaller than those in the rest of the volume. The first page is dirty, and all leaves have been subjected to damp, but the writing is still relatively clear. The ink is black and there are red capitals.

2. p. 17  ‘Hec ars medicinarum simplicium et compositarum . . .’.
Prologue (only) to a Latin tract on medicines. Sixteen lines at head of page. Item 3 below is in a later hand.

3. pp. 17-18
Two groups of altogether twenty-one Latin and one English medical recipe (‘Ad cessanda menstrua. Ley wormod & moderwort yppon a hoot ston’). Read with ultra-violet light.

4. p. 19  ‘For feueres cotidian & quartan’; ‘Also for þe quartan’
Two English recipes against fever. In the hand of ‘A Leche’ in item 8.

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5. p. 19  ‘It is to vndirstonde þat a diet shal be ȝouun . . .’.
   p. 19  ‘. . . be it ȝouun pauca & subtilis þat is to seie litil & sutil’.
Text on types of diet and when to administer them. In the hand of ‘A Leche’ in item 8.

6. p. 19
Two recipes against fevers (‘Also a dragge þat is moche worth’; ‘Also to drynke þe owne vrine’). In the hand of ‘A Leche’. Items 4-6 fill the upper two thirds of the page.
Item 7 below has been added over time at the foot of the page in one or more later hands.

7. p. 19
Eight (?) Latin recipes against fever added over time in what is probably more than one hand, in pale brown ink.

8. p. 20  ‘{S}enec in þe booc of naturel questiouns seith . . .’.
   p. 22  ‘. . . & whanne him silf goipo go he out wiþ licence’.
‘A Leche’ (my title). Advice on the deportment and behaviour of a leech. In black ink, and in the hand of items 4-6. Text noted by Thorndike and Kibre in column 1427. In his catalogue, James says: ‘Copied in 1874 for E.E.T.S’. He does not say by whom, but it was not printed.

9. pp. 22-26
Approx. 61 Latin recipes added over time in various hands in pale ink.

10. p. 26
An English and a Latin version of the ‘Flum Jordan’ charm to staunch blood. In the same hand as the recipes immediately preceding them. Both charms have been vigorously crossed out. (Several notes made in the left margin on the lower half of p. 26.)

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11. p. 27 ‘[I]lke mannes vrine is deuyded in iiiij partys . . .’. 
p. 44 ‘. . . ye qweche scheweth alle maledye of man. Explicit discrecio 
vrinarum’.
‘Discrecio urinarum’ or ‘The judgment of urine’. Unedited uroscopy text. In the same 
hand as item 12 below. (Several notes made in the right margin on p. 27.)

12. p. 45 ‘Al maner of vrine is a colement of blood id est a partyng of 
water fro blood . . .’.

p. 47 ‘. . . þe vttereste membris & of his exces þey make misauerable werk in 
ye bowels’.
‘{H}Ere begynneth ye declaracion of ye same after ysak and constantyne . . .’.
Treatise on urines (incomplete). Change of hand at head of p. 46. Prior to that the hand 
is the same as in item 11. Text noted by Thorndike and Kibre, columns 1004 and 1608 
(which contains two occurrences). This item and items 13-16 are all in the same hand.

13. p. 49 ‘{A}qua uite prima simplex secunda composita tercia 
perfectissima . . .’.

p. 54 ‘. . . ye aforeseyd cloth schal be qwenched and ye pece of cloth schal 
ben vnbrent’.
Text on the distillation of aqua vitae and its uses, which begins with twelve lines of 
Latin and continues in English. Text noted by Thorndike and Kibre, column 122.

14. p. 54 ‘Yis is a soueren medicine and a good passand alle oyere . . .’.

p. 57 ‘. . . drawe yanne as faste as ye lyketh a godis name’.
Text on the nature and causes of leg ulcers, followed by a recipe against them.

15. p. 57 ‘Karapos ye dropisy a wynde vndir ye side ye ston hefdake . . .’.

p. 67 ‘. . . tak ye ious of tanse ye rede worte boyle hem in wyn with a 
litel hony’.
Uroscopy text with twenty jordans drawn in.

16. p. 68 ‘For a mannes ballok ston yat is outraiously gret . . .’.

p. 80 ‘. . . as any fyssch is for euermor as it hath ben often founden 
and in dede don’.
Sixteen medical recipes. One is attributed to ‘Mayster Thomas Ashtoun chanoun of Lincoln’ (p. 75). On p. 79 is a reference to the West Riding (‘for I wist & knew a woman in parich of Bristall be syde Wakefeld in york schire’), but the language of the scribe (who copied items 12-16) is from the Cambs./Norfolk/Suffolk border area.

17. p. 81 ‘... of wommanys mylk & efte lat it sethe a litell ...’.  
p. 89 ‘... wasche his fet vndernethe clene & it schal don hym good’.

Thirty-three medical recipes, the first of which begins imperfectly. The majority are for different kinds of ointments. The hand is the same as in item 19. The name ‘Kyng’ in large letters in the upper margin of p. 81.

18. p. 88  
Two alchemical recipes, one Latin and one English (‘Oil de salprytary. Bren argail to it be whit ...’) added in lower margin.

19. p. 89 ‘Verueyne is on two maneres & bothe is of o vertu ...’.  
p. 90 ‘... yat is to say with ye licour yat it is sothen in’.

Two texts, the first of which is incomplete, on the virtues of two herbs (vervain and chamomile). The hand is the same as in item 17.

20. p. 89  
Latin recipe for syrup added in pale ink in lower margin.

21. p. 90 ‘Nota yat all swete yingis are hote of kynde & all bytter & soure yingis are cold’.

Single line in upper margin.

22. pp. 90-94  
Approx. Thirty-six medical recipes added over time on the last pages of the MS. Six are English (‘To mak whyt entrete’; ‘To mak colman’; ‘To mak the face white’; ‘Item for the sam & to do awey ffrekens’; ‘Item frankensens & water of ros’; ‘Item recipe i {?] of [...]om plom & the whitis of xiii eggis’). The last four were read under ultra-violet light.
23. p. 90B (unpaginated stub following p. 90)
Two medical recipes containing centaury (‘Whoso hath no talent to mete’; ‘For sekenes at ye brest or at ye hart’) on an otherwise empty stub.

24. p. 90Bv (verso of unpaginated stub following p. 90)
Three recipes for the eyes, each of which starts in Latin, but gradually turns into English (‘Aqua bona pro oculis’; ‘Item pro eodem fit aqua de fe[..]’; ‘Item if ony ifut[..] be in the’) on an otherwise empty stub.

25. p. 93
Four recipes for whiter skin and to remove freckles. (Read under ultra-violet light)
2. Medical education and practitioners of medicine in the Middle Ages

The medieval period saw great changes in the development of many sciences, among them medicine. This section will focus on the effects of the transitional period when medicine was included in the new universities around Europe, discussing the extent to which a division can be said to have appeared between medical practitioners who could boast a university education, and those who could not. The great variety of practitioners is an important factor in this discussion, and will therefore also be addressed.

2.1 Medical training and education

Bloodletting, spells and astrological predictions are often associated with medical practice in the Middle Ages. This is in no way, however, the full picture. Although religion and astrology played important roles in the general health of people, more exact knowledge about the body and its functions was constantly being disseminated throughout the medieval world. There were no formal medical schools before 1200, and those who practiced medicine prior to that were mostly monks or lay people trained by apprenticeship. Medicine was viewed as a craft rather than a science at this point. Some practitioners of medicine became famous and lived comfortable lives, often in the households of wealthy benefactors who wanted a private physician. This was a very small group, however, and the majority of all medical practitioners in the Middle Ages treated common people with ordinary means. As noted, the profession was taught through apprenticeship, and as with other crafts, guilds were established in the growing urban centres, to secure the rights of the practitioners, and uphold a certain standard. Nevertheless, medical practitioners in general did not enjoy a high social status or gain immediate trust from patients through their title of physician or leech.

As the universities flourished in Europe from the thirteenth century, however, the art of medicine was soon accepted as having both a practical and a theoretical branch. According to Nancy Siraisi the reasons why medicine was included in the academic world of the recently founded universities can be found in the ‘general economic, demographic, and urban growth of Western Europe at the same time.’ More specifically, she points to the increase of schools
providing Latin literacy and a new availability of many medical textbooks in Latin.\(^5\) As a new middle class arose in the urban centres and grew fast, the universities began admitting people from outside the ruling class. Knowledge was made available to a larger group of people, and in the case of medicine it became clear that one could not simply acquire medical theory without being able to apply it to actual cases, or practice medicine without having learned any of the theory. This was a science which demanded both mental and physical skills.

A division did arise, however, between the medicine practiced by uneducated lay people, and the medicine taught in the new universities. As F.M. Getz notes: ‘Medical study at Oxford prepared a student not in the craft of empirical medical practice but in the techniques of learned discourse that would allow him to teach’.\(^6\) Students of medicine were required to read other academic subjects offered at the universities in addition to the medical theory. Astronomy and rhetoric were considered particularly helpful in the preparation for a medical career. Astronomy was thought to influence and be strongly connected to the health and treatment of people, and rhetoric was an important tool in the encounters with difficult patients.

Attention has been drawn to the great difference in position between the two English universities and the continental ones.\(^7\) The fact that they were set in the small towns of Cambridge and Oxford, rather than populous cities holding centres of power and wealth, resulted in a different status and practice. First of all, they were not in a position to regulate and license medical practice of a large metropolitan area as were the faculties of continental cities. Furthermore, the enrolment in English medical faculties was generally lower than at other European universities, and so was the prestige of a medical education. Many students combined a ‘minor’ in medicine with primary studies in another faculty. Medicine and theology was a very common combination in this environment, and can be seen as a reason why the literature used differed from that in other universities. According to Carol Rawcliffe the medical theory listed as required reading for students at Oxford and Cambridge was rather narrow and conservative, measured by continental standards. ‘The theoretical part of the syllabus was devoted to Galen’s Tegni and the Aphorisms by Hippocrates, while the ‘practical’ half concentrated on the latter’s Regimen Acutarum’.\(^8\)

Because their medical education was based on Latin textbooks the universities created a more defined hierarchy among medical practitioners than had existed earlier. Many scholars

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\(^6\) Getz (1992:373).
\(^7\) Voigts and McVaugh (1984: 12-14).
have emphasised this, claiming that a sudden, sharp division developed between the Latin literate physicians with a university degree and the apprenticeship-trained barber-surgeons. How sharp this division actually was, is still a moot point, and will be considered further in the following section.

2.2 Diversity among medieval medical practitioners

Diversity is in many ways part of the picture of the medical practitioner in the Middle Ages, not just because of the division between the formally educated and the apprenticeship-trained practitioners noted above. First of all, there was no typical practitioner as regards social status, age, or even gender. In fact, Getz goes as far as calling the diversity ‘the most distinctive feature of medieval English medicine’. She further holds that medieval English medical practice cannot be termed a ‘profession’ on the grounds that it ‘embraced men and women, serfs and free people, Christians and non-Christians, academics and tradespeople, the wealthy and the poor, the educated and those ignorant of formal learning’. One could argue, however, that this diversity may have created several professions, depending on where in the society you operated. As noted, practitioners of medicine were found in all social classes, using different methods of treatment and receiving different rewards for their work. Not surprisingly, their roles vis-à-vis their patients were also markedly different depending on what end of the social scale practitioners belonged to. Usually, they had to combine many roles, several of which are perhaps not associated with medicine today. Especially in the upper classes, the physician often had to function as philosopher, teacher, adviser, priest etc. A reason why all these roles were needed in one man, the physician, is that in the pre-scientific age the health of a person depended just as much on the well-being of the soul as of the body. Medical practitioners at the top end of the social ladder relied upon the generosity of patrons in the same way as a knight or esquire would a lord. However, not many physicians ever made it to the top of the profession, and the rest had to settle for a much more common and sometimes strenuous life among the ordinary lay population. Indeed, competition was fierce, and Rawcliffe suggests that it was made even harder by the presence of foreigners. ‘The superiority of medical education on the Continent, most notably in Italy, the arrival in England of practitioners already in the service of the European princesses and noblewomen

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who married into the royal family, and the growing interest in humanism and astrology shown by leading members of the aristocracy conspired to place native graduates at a disadvantage". ¹⁰

As noted above, it has been suggested by scholars that the Middle Ages featured a sharp division within the medical field, between the physician and the surgeon. How real was this division in England? The hierarchy which reportedly developed with the introduction of university medical courses left the surgeons further down the social ladder than the physicians. However, although the number of medical practitioners claiming the title of physician was high, not many of them could boast a formal university education. This leaves us with another division that must be taken into consideration when discussing the relationship between the physician and the surgeon. If we first consider the formally educated physicians, their roles ‘quite often took the form of dietician, spiritual counsellor and general confidant rather than that of medical practitioner in the strict sense of the word’. ¹¹ Other medics who had learned their skills through apprenticeship on the other hand, were mostly left with the more traditional roles of a physician and typically belonged further down the social ladder. The surgeons, who had started out as barbers, and in time added surgical procedures to their repertoire through apprenticeship, can in many ways be viewed as closer in practice and status to those medical practitioners who focused on the practical branch of medicine, compared to the relationship between the two types of physicians who belonged at either end of the social spectrum. This does not support the view of a hierarchy where the physicians, regardless of type of training, are placed above the surgeons.

Within the group of medical practitioners there was also a division between clergy and lay people, who filled different roles. According to Rawcliffe ‘The division of labour was not merely a matter of convenience or even snobbery: the Church itself had insisted that senior clergy should have nothing to do with surgery, thus implicitly widening the gulf between theory and practice’. ¹² This might create a certain tie between the clergymen medical practitioners and the physicians in higher social circles, where the focus was also more theoretical than practical. Practitioners who had no university or other formal education were bound to be more pragmatic, focusing on the practical side of the subject. Their main aim was to make a living from treating and healing illnesses among the main group of the population: country people and subsequently the growing urban middle class. Siraisi emphasises the

diversity, not just among medical practitioners in the Middle Ages, but also the different forms of formal qualifications. Acquiring such qualifications and being licensed as a medical practitioner, was not confined to those with university backgrounds. Thus, terms such as ‘medical profession’ and ‘medical licensing’ should not be seen as a uniform system of regulations. Qualifications could be obtained through ‘university education in medicine, membership in a guild of medical or surgical practitioners with power to examine candidates for membership, or possession of a license to practice from a public authority’. In fact, bishops licensed both medical and surgical practitioners as late as in the sixteenth century. Adding to this all the practitioners who did not possess any kind of licence would not support a sharply defined division between the physician and the surgeon. An informal hierarchy has been proposed by Siraisi, where university graduates inhabited the top position, followed by skilled medical practitioners, skilled surgeons, and furthest down barber surgeons in the company of various other practitioners such as herbalists and apothecaries. This system is suggested for most of medieval Western Europe, but the vague character of these definitions are emphasised, since they are based on great diversity among practitioners and inexactness of terminology.

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13 Siraisi (1990:19).
14 Siraisi (1990:19).
15 Siraisi (1990:20).
16 Siraisi (1990:20).
3. Medieval medical writing

As with practitioners of medicine in the Middle Ages, the medical writing of this period is also characterised by diversity. The increase in book production and the vernacularisation of medical literature only enhanced this. In the following section I will look at the areas of use and the readership which the various types of writing aimed at. This should give some ideas about the environment in which ‘A Leche’ was produced.

3.1 Sub-categories of medieval medical texts

The field of medieval medical writing is so broad that further categorisation is necessary. In the following sections I will distinguish between different languages and styles or genres used, but first a distinction needs to be made between theoretical and more practical texts.

As the universities flourished, so did theoretical medical writing. In all corners of Europe, Latin translations of Greek and Arabic medical sources were being distributed. These included intricate and important knowledge about the science of medicine, but Peter Murray Jones notes that ‘academic medical texts are admirably suited to teaching and learning, but not to the problems faced by our medical practitioner when treating patients’ because the books were ‘usually large and lengthy, expensive to buy, not very portable, and for quick reference purposes, difficult to look up’. Such academic texts form one main group of medieval medical writing, and are in this respect in contrast to another main group, namely that of practical texts, which consists mainly of leechbooks or remedybooks. These books are compilations of recipes and other notes based on the experience of medical practitioners or literate lay people interested in the curing of commonplace illnesses. Such collections of recipes sometimes constitute an entire MS, but more often they are found in broader compilations, along with texts of various origins, from religious ones to romance. The third main group consists of surgical texts. This group is in many ways a combination of the other two. Surgical treatises often include some advanced theory, but also describe the practical part of how surgeries should be conducted. This tripartite classification was suggested by Linda Ehrsam Voigts in 1982, and is still generally accepted. According to Taavitsainen and Pahta,

there is linguistic evidence to support this classification, as recent studies have shown that there are distinct differences between texts belonging to the various categories.\textsuperscript{18}

In sections 3.3 and 3.4 the issue of languages will be examined in some detail, showing the close relationship between medical texts in Latin and English. However, Voigts claims that an equally close connection is found between prose and verse when dealing with Middle English medical texts. She explains how ‘texts in verse include prognostications, bloodletting guides that list appropriate veins, and herbal remedies’.\textsuperscript{19} Juhani Norri also makes this distinction between medical texts in verse and prose form, suggesting that ‘verse acted as a mnemonic device in medical tracts instructing the reader on practical matters to do with the healing of sickness and ailments’.\textsuperscript{20} However, he notes that ‘verse is limited to certain well-known types, whose function and contents can be described without great difficulty’, and also that verse works account for only a fraction of the medical texts of this period.\textsuperscript{21} In this respect then, the two ways of classifying medical texts differ greatly. Regarding genres, prose and verse were largely used for different purposes, and the scope of verse was rather restricted. Regarding languages however, both English and Latin were used in all types of medical writing, and they were equally important.

\subsection*{3.2 Readers of medical texts}

When considering the audience of different medieval medical texts, several factors must be taken into consideration. First and foremost, the issue of literacy must be examined. The rise of urban centres in the Middle Ages eventually led to a rise in literacy, and although estimates range from twenty-five to sixty per cent, one can assume that the general literacy in England was relatively high in the late Middle Ages compared to earlier periods. This suggests that there must have been great diversity among the possible readers of medical texts. Nevertheless, Taavitsainen and Pahta hold that ‘the bulk of medical writing contains texts that were aimed at and shared by different discourse communities’.\textsuperscript{22} Further, they describe so-called closed discourse communities, open only to those who share the same knowledge, education and vocabulary of medical terms. The rise of universities and the increase in the

\begin{footnotesize}
\begin{enumerate}
\item Taavitsainen and Pahta (2004:14).
\item Voigts (1984: 317).
\item Norri (1992:30).
\item Norri (1992:30).
\item Taavitsainen and Pahta (2004:16).
\end{enumerate}
\end{footnotesize}
number of formally educated medical practitioners are naturally important factors in this picture. Knowledge of Latin is yet another factor which created closed discourse communities. However, as the urban centres and the middle class grew, Latin literacy and academic education became available to more and more people. Obviously, literacy in English gave access only to texts written in, or translated into, that language. This by no means included all texts within the medical field, so some information could only be obtained by those who were able to read Latin. A further means to maintain such closed discourse communities is the use of certain types of language. Pahta writes about code-switching in medieval medical writing, and identifies two main types of switches in vernacular medical texts: ‘specialised terminology and indications of intertextuality, i.e. identifiable traces of earlier texts in the form of references and quotations’. Such switches would most probably narrow down the readership of certain medical texts.

A difference in content is found between texts created in and intended for use in a monastic environment, and texts created in and for households containing women and children. Monastic medical texts typically do not include sections devoted to women’s illnesses or complaints.

### 3.3 The Latin tradition

As noted above, the academic language in England during the High Middle Ages was Latin. This indicates that accessing knowledge required a certain familiarity with this language. Scientific texts of all kinds were copied and distributed within the communities of people literate and capable of understanding them. When the universities were established in the thirteenth century, Latin held the position as the authoritative means for passing on knowledge, a position it kept for centuries. Faculties of medicine were included in almost all universities established before 1500, and Latin had the same strong position in this subject area. According to Siraisi the reason why medicine was accepted as one of the academic subjects at the oldest universities is, at least in part, the increasing access to Latin medical textbooks. During the Middle Ages Latin translations of ancient Greek and Arabic medical

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works emerged, creating a standard authority useful to educated practitioners of medicine. A
distinction between the source texts and their traditions has been made by Getz:

In general, texts can be divided into those that derive ultimately from ancient Greek
sources, translated and adapted by Arabic scholars into Arabic and then into scholastic
Latin for use in universities; and Roman or humanistic, those derived from the
writings of educated patriarchs like Pliny and the elder Cato, which relied on simple
remedies, charms, and traditional wisdom.26

The Greek medical tradition is largely based on the works of Hippocrates and his successor
Galen. England’s first major medical writer, Gilbertus Anglicus to some extent broke with
this Greek tradition of philosophy. He wrote the *Compendium Medicinae* in 1230, attempting
to cover all of medicine, and citing many Arabic medical authorities, especially Avicenna and
Averros.27 Whereas Gilbert was a priest, the first and only major medical writer of the English
universities was John of Gaddesden, who wrote *Rosa Medicinae* early in the fourteenth
century. He collected knowledge from a range of sources, creating an easily understandable
compendium for physicians and surgeons.28 Both these writers belong to the Arabic tradition,
and a third Arabist worth mentioning is John of Arderne, who was not connected to a
university. He wrote *Practica Chirurgiae* in the latter part of the fourteenth century,
describing surgical procedures, most famously to remove an anal fistula. As will be shown in
section 4, Arderne also included a section on deontology in his treatise.

In chapter 2 I raised the question of whether or not there was a strong division between
the various types of medieval medical practitioners, and whether we can, in fact, assume the
presence of a hierarchal system. A similar point may be made about Latin literacy. It was for a
long time generally assumed that Latin literacy in medieval England was confined to the
academic circles connected to the universities. However, given that prior to the fifteenth
century, Middle English was largely an oral language with no written standard, it seems clear
that a wider group of people must have had an interest in knowing some Latin. Although the
majority of the population did not use Latin for academic purposes, many of them may have
been partly familiar with it, as it was the written standard of the time, and therefore an
important means to knowledge about subjects such as medicine and healing. In fact, Siraisi

remarks that ‘Latin literacy was not, of course, confined to the universities. Latin medical books could be and were copied, studied, compiled and composed in other environments’. It is important, however, to make a division between those who could read some Latin, and those who were fully literate, and could produce texts in Latin. The latter naturally made up a much smaller group than the first. The best example of such an environment is probably the monastery. Monks learned their Latin and other scholarly subjects in their religious houses rather than at universities. Even though the majority of the texts they were studying were religious ones, many medical books also found their way to these communities.

If we look back at the sub-categories of texts in the medical field, Latin is found in all the three main categories. Its presence in remedybooks, particularly those which contain Middle English as well, suggests that Latin had a broad readership in Medieval England.

### 3.4 Vernacularisation of medical texts

According to Yvonne Hibbott, Andrew Boorde’s *Breuiary of Helthe*, first published in 1547, is ‘the first medical book by a medical man to be originally written and printed in English’. Before this happened, changes had taken place in the nature of medical writing in England.

As noted in the previous section, medical texts in the Middle Ages consisted of Latin originals, or Latin translations of ancient Greek and Arabic sources. During the fourteenth century however, the nature of medical writing in England changed drastically. Latin texts were being translated into Middle English, the vernacular tongue in England, spoken by the entire lay population. This applied most notably to the medical writers Gilbert, Gaddesden and Arderne mentioned in section 3.2, and it opened the doors to knowledge for a much larger group of people than those who could make use of the Latin texts. Although Latin literacy reached well beyond the limits of the universities, there was no doubt a great demand for such translated knowledge. In fact, Siraisi notes that by the end of the fifteenth century ‘according to one expert, English was as important a language as Latin in medical book production in England’.

As regards their content, it is difficult to make clear-cut distinctions between Latin and vernacular texts. Siraisi suggests that ‘the works selected for translation were usually of

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29 Siraisi (1990:50).
30 Hibbott (1990:68).
relatively recent date and practical in focus; for example, treatises on surgery, bloodletting, and gynaecology composed or compiled in Latin between the twelfth and the fourteenth centuries were translated into English in the late fourteenth or early fifteenth century’. Norri, on the other hand, holds that a great change took place in the sixteenth century concerning the contents of medical texts. Until the middle of that century most medical texts written in English or translated into English derived from manuscripts which originated centuries earlier. ‘In the latter part of the [sixteenth] century a different picture emerges, with the publication of a multitude of translations of works written by contemporary continental physicians and surgeons’.33

A change from older to more contemporary sources sounds reasonable, but the limitation to practical texts seems somewhat narrow. Considering that the great majority of the Middle English texts had Latin sources, the vernacular texts are likely to have been as diverse as the Latin sources and their areas of use. Naturally, there would have been less demand for translations of academic and purely theoretical texts than more practical ones, but it is highly likely that small numbers were translated for particular people. The most commonly translated texts were collections of remedies and other simple texts covering different aspects of the medical field, put together into remedybooks. This provided many lay people with a general work of reference in medicine which was easy to use. Not surprisingly, the same development occurred in medical writings in other vernacular languages as well.34

Linda Voigts emphasises that it is impossible to look at Middle English medical writing without at the same time considering the Latin and the Anglo-Norman traditions. It has already been mentioned that most vernacular medical texts in England in the Middle Ages were simply translations of Latin medical texts or even translations of Latin translations of Arabic or Greek medical texts. What words did these scribes choose when translating Latin medical terms which had never before been expressed in the English language? Siraisi notes that

The translators of medical and surgical books accepted a difficult assignment, since they were often faced with technical Latin terms for which there was no existing vernacular equivalent. Their inventive solutions to this problem helped to create

vernacular technical vocabularies, just as those who had earlier translated from Greek and Arabic into Latin, had helped to enlarge the Latin technical vocabulary.\textsuperscript{35}

These translators no doubt played an important role in the history of western medicine. Not only did they make available important medical knowledge to the majority of the English people, they also coined many medical terms still in use today. Considering this translation practice, it is not surprising that so much of the medical terminology used in present-day English resembles, or simply is, Latin.

\textsuperscript{35} Siraisi (1999:53).
4. Medical deontology in late Medieval England

One area of medieval medical literature rarely touched upon by modern scholars is that of deontology. Nevertheless, it is a subject which is very visible in the writings of many medical authors in the Middle Ages, providing interesting information about the patient-practitioner relationship of the period. In the following section, typical themes for such texts will be considered, and a comparison between ‘A Leche’ and other deontological writings is made.

4.1. Previous studies

The amount of research devoted to deontology or medical ethics in the late Middle Ages is still fairly limited. Most other areas of medieval society in England have been explored quite thoroughly, including the medical field. Medical writings have been discussed for decades, and have, as mentioned in section 3, been divided into sub-categories, differentiating between theoretical and practical texts. Leechbooks and remedybooks belong to the practical category and are typical contexts for a deontological text. Michael McVaugh states that ‘the main source for the ethical ideas of the ancient and medieval periods are those chapters devoted primarily to medical deontology which are so often found in the general writings of physicians and surgeons, especially in the late Middle Ages’.36 As early as in the 1930’s Mary Catherine Welborn suggested that definite conclusions about fourteenth century medical ethics may be drawn by studying such accounts. She put up a strong defense for the medieval medical practitioners, blaming modern critics for having ‘been too prone to ignore these ethical sections of the medical works and to spend all their time criticizing the information, or lack of it, displayed in other parts of these writings, thus giving us a more or less one-sided picture of the medieval doctor’.37 In the more than fifty years since then, surprisingly little has been written about this subject. Studies of such texts have, however, been carried out by some scholars, among whom Linda Voigts and Michael McVaugh are perhaps the most influential. Some of their works will be discussed below.

37 Welborn (1938: 346).
4.2 From uroscopy to physical observation

In pictures of medical practitioners from the Middle Ages, a recurring object is the urine flask, which has almost become a general symbol of the medical practice of the period. The urine sample has possibly been given an exaggerated amount of attention, but may help explain parts of the physician-practitioner relationship of the Middle Ages.

The authority of medical practitioners has changed drastically since medieval times. Today, the white coat reassures most patients that the person wearing it has earned it through advanced medical education and training. In the Middle Ages, however, there was no standard education which provided a general authority, so the practitioner had to prove his knowledge and expertise in order to earn the patient’s respect. The urine sample was a form of test in this process, where the physician had to prove his knowledge to the patient and his or her friends. If he managed to convince them, he would be trusted to heal the patient. However, in the High Middle Ages a great change in bedside manners seems to have taken place due to the spread of university-educated physicians. McVaugh notes that ‘it seems to be true that by the later thirteenth century, while the lay public still thought of uroscopy as somehow central to what physicians did, to learned physicians brought up on Galen's writings uroscopy was far less important than it once had been’.38 To them, direct observations of the patient were now vital to making any diagnosis. Such observations also helped enforce the impression of the physician as a person of impressive learning and skill and gave the patient confidence in his treatment. The knowledge of medicine as an intricate field of science was not available to everyone, however, and McVaugh mentions this distinction, suggesting that ‘while empirics might still depend on urine alone for their diagnosis; university-trained physicians could boast that their bedside consultations gave them a superior insight into their patients' condition’.39

4.3 Fees

Medieval physicians have been accused by several scholars of being greedy, as the subject of fees is often raised in medical texts. McVaugh notes, however, that it is not one of the most frequently recurring or elaborate themes in deontological texts, and that in some texts it is not

mentioned at all.\textsuperscript{40} In fact, the picture of medical greed has been justified by most scholars on the basis of Henry de Mondeville’s writings.\textsuperscript{41} The reasons for his apparently cynical commentary about fees could be found in the changes taking place in medical education. As an academically trained surgeon, Mondeville had to stress behaviour that would promote acceptance of surgeons as learned professionals alongside physicians (or even above physicians, as they added manual skills to medical learning).\textsuperscript{42} The fee provided a sort of insurance, as the patient would be likely to persist with the same medical practitioner once he had invested something in him, and the medical practitioner would be likely to do his best once he had received a fee.

\textbf{4.4 Common themes in medieval deontological texts}

According to McVaugh (1997) there were short deontological texts circulating by the twelfth century, concerned with ‘proper medical comportment’ and with what he calls strong Hippocratic echoes. Practitioners were advised to be modest, but not talkative, haughty or lustful. This behaviour was encouraged in order to keep the patient cooperating. Many similar pieces of advice are found in texts like ‘A Leche’ in Gonville and Caius MS 451/392.

In his article ‘Bedside Manners in the Middle Ages’ McVaugh discusses many universal themes discovered after having examined various deontological texts. One theme concerns ‘truth-telling’. He notes that ‘how much, and in what way the physician tells the patient, his family and his friends under various circumstances’ is one of the issues that most preoccupies the academic authors he has studied.\textsuperscript{43} It is emphasised that the body-language and the manner in which something is said is equally (or even more) important as what is actually said. This leads to another recurring theme: making sure that the patient has a positive attitude. Managing this without lying was, of course, preferable, but this was such a vital point for the practitioner in order to maintain a good reputation, that the principle of ‘truth-telling’ could sometimes be compromised in order to keep the patient happy.\textsuperscript{44} In ‘A

\begin{itemize}
\item \textsuperscript{40} ‘William [of Saliceto] and Arnald [of Villanova] do not mention the fee at all in discussing the encounter with the patient’ (McVaugh 1997:220).
\item \textsuperscript{41} Henry de Mondeville was a physician and surgeon at Montpellier and Paris, writing ca. 1315 (McVaugh 1997:209).
\item \textsuperscript{42} McVaugh (1997:221).
\item \textsuperscript{43} McVaugh (1997:215).
\item \textsuperscript{44} ‘Mondeville cheerfully admits he would be quite ready to lie if his patient’s life depended on it’ McVaugh (1997:216).
\end{itemize}
it is recommended that the physician use a variety of means in order to entertain the patient and keep up his spirit.

Connected to the two themes already mentioned is also the issue of what to say if it becomes clear to the physician that the patient is dying. In this matter, the academic authors examined by McVaugh hold different views, ranging from saying nothing at all to betting on death rather than life in order to get credit should the patient somehow recover.\footnote{McVaugh (1997:217).}

One of the most interesting texts with which to compare ‘A Leche’ is the introduction to the English version of 
\textit{Fistula in ano}, a surgical treatise by John of Arderne. In his introduction, Arderne devotes three pages to deontological advice. In both these texts ‘truth-telling’ seems to have a high priority. They express the importance of always speaking the truth in order to get respect and trust from patients.

\textit{Arderne}:

\begin{quote}
Be war that ther be neuer founden double worde in his mouthe, ffor ȝif he be founden trew in his wordes ffewe or noon shal doute in his dede ȝ (p. 7, l. 1)
\end{quote}

\textit{‘A Leche’}:

\begin{quote}
Fewe þi þegis but trewe speke þou: wordis wiþ werk conferme þou / for þe mouth of a profete bisemeth not to be pollutid wiþ lesing (p. 20, l. 12)
\end{quote}

Another recurring theme concerns the recommended behaviour of a medical practitioner when in the presence of other medical men. Their way of communicating was sure to leave an impression on the patient and his household. The first extract is from an earlier French text translated and printed by William Caxton in 1474:

\begin{quote}
And whan many maysters and phisicyens ben assemblid to fore the pacient or seke man, they ought not there to argue and dispute one agaynst an other. But they ought to make good and symple colacion to geder, in such wyse as they be not seen in their desputyngge agaynst an other, for to encroche and gete more glorye of the world to them self than to trete the salute and helthe of the pacient and seke man.\footnote{Caxton (1474:120).}
\end{quote}

McVaugh also notes the concern among the authors he has studied about public arguments between physicians. William of Saliceto expresses this concern in the following:
When physicians disagree, it convinces laymen ... that the medical art is vanity, and that physicians follow chance, not science in their practice, and that there are more physicians who are ignorant of what medicine is than there are who are not.\(^47\)

If we compare these passages to some of the lines in ‘A Leche’, written more than a century later than William’s text, much the same message may be extracted:

_intende he noȝt to dispute of vrinis in opyn bifoare lewid mèn / for if I be domesman of þe halle of ypo: al disputacioun maad bifoare lay mèn is to be blowun out foo [{sic}] þe scolis of so greet a doctour (p. 20, l. 6)_

_Honowre he alwey strauȝe lechis if þer be ony & deeme he priuyl of her sentencis (p. 22, l. 10)_

If we continue to compare John of Arderne’s text with ‘A Leche’ it becomes apparent that both are concerned with many of the same areas and give very similar advice. This extract from Arderne concerns the importance of making friends with the servants and the household of the patient:

_In as moche as he may, greue he no seruant, but gete he thair loue and thair gode wille (p. 5, l. 10)_

The same message is found in ‘A Leche’:

_preise he þe mynstris & þingis mynstrid bifoare þe sijk mân wiþ shorte spechis (p. 20, l. 11)_

_forsoþe aboue alle þingis þe leche gete him alwey frendshipis bi his miȝt of hem þat ben more famyliar wiþ þe sijke (p. 20, l. 14)_

The next area touched upon is the physical appearance and cleanliness of the practitioner. The importance of clean hands is emphasised in both Arderne and ‘A Leche’.

John of Arderne:

Haue the leche also clene handes and wele shapen naile3 & clensed fro all blaknes and filthe (p. 6, l. 32)

‘A Leche’:

Se he þat his handis & his naylis be foundun wiþoute filþis / waishhe he þe handis ofte tymes before þe sike (p. 22, l. 6)

The general advice concerning behaviour and politeness is also strikingly similar in both texts.

Arderne:

And be he curtaise at lorde3 borde3, and displese he no3t in wordes or dedes to the gestes syttyng by; here he many þingis but speke he few (p. 6, l. 34)

And whan he shal speke, be the worde3 short, and, als mich as he may, faire and resonable and withoute sweryng (p. 6, l. 39)

‘A Leche’:

He comaundip also þat he be curteys, meek, shamefast, mylde, of fewe wordis, not proud (p. 20, l. 9)

Note that although Ardene’s advice is from a surgical treatise we can find their equivalents in ‘A Leche’, a text written for physicians. This is worth considering in view of the much discussed division between physicians and surgeons.

To McVaugh’s surprise his authors almost never refer to the provision in canon law that physicians, before beginning treatment, should always require a patient to make his confession to a priest. A possible reason for neglecting this rule is the psychological effect it could have on the patients, leading them to think that the physician had already given up on them. Arderne also avoids this subject in his introduction. However, ‘A Leche’ differs from
the other texts mentioned. Here the rule is presented as one of the things the physician has to inform the patient of:

[Axe he] if he be confessid / & bfore þat he se him seie he þat he wole put noon hond to him bfor þe prest haue put, þat is til þe prest haue seen him & spokun wip him (p. 20, l. 33)

The church is also mentioned in connection with fatal illness:

If he trowe þat þe pacient laboure sharpli seie he to his frendis þat he shal putte noon hond to him bfore he haue þe riȝtis of hooli chirche verili forsoþe þe laste anoyting hâþ curid manye & hâþ liȝtid ful many (p. 21, l. 7)

On the basis of McVaugh’s observations, ‘A Leche’ is therefore unusual in that it brings up the church and its rules. Generally speaking, however, most themes emphasised in ‘A Leche’ seem to be universal to various deontological texts aimed at both physicians and surgeons. Deontology thus appears to play an interesting role in the discussion about the division between physicians and surgeons in the Middle Ages, supporting the view that this division was not a real one.
5. Scribal hand and dialect of ‘A Leche’

This chapter will focus more directly on the actual text, discussing the characteristics of the scribal hand and trying to determine the dialect used in ‘A Leche’. The physical attributes can thus provide information about both the historical and the geographical context of ‘A Leche’ by determining an environment for its production and locating an area of origin.

5.1 Scribal hand

As is evident from the list of contents for the MS, Gonville and Caius MS 451/392 is a collection consisting of the works of many scribes.

The identity of the scribe who has written ‘A Leche’ is not known. He has also written items 4-6 on p. 19, but otherwise this hand is not found elsewhere in the MS. The hand is professional and consistent, using *anglicana formata* with elements of *secretary*. A closer examination, with illustrations, follows below.

5.1.1 The script used

During the Middle Ages a ‘hierarchy’ of scripts developed in England, as scribes used different kinds of handwriting for different classes of books. English scribes commonly used an elaborate calligraphic script known as ‘Textura’ for finer-quality manuscripts where appearance was as important as the contents. When drafting documents, however, a simpler version was used. Towards the later Middle Ages, these two scripts were merged into one, creating a somewhat elaborate, but still easy and quick to write script. It has been suggested that this development took place for two reasons: the increasing demand for books, and the increase in the size of the works to be copied.\(^{48}\) This again was the results of the rise of the universities and improving standards of literacy. Suddenly there was a demand from the universities for theoretical books, but also from a wide range of patrons for books of a more general nature. A cursive hand was easier and faster to write, and so could be learned by more people than earlier. In fact, this later period features a much greater proportion of amateur

\(^{48}\) Parkes (1969:xiii).
works than seen before. The new script developed its own hierarchy of varieties, and since several of these are peculiar to manuscripts produced in England in the fourteenth and fifteenth centuries, M.B. Parkes has proposed to call it ‘Anglicana’.\footnote{Parkes (1969:xvi).}

Anglicana originated as a documentary script, and was used from the thirteenth to the sixteenth century. From about 1375 it faced competition from an Italian script, Secretary. Both developed from within the Gothic system of scripts, and share many letter-forms. Other forms distinguish them, however. Anglicana features include: a two-compartment \(a\); a tight ‘8’-shaped \(g\); a long \(r\) descending below the line of writing; a sigma-shaped \(s\) that looks a little like the numeral 6; \(w\) with its two long initial strokes completed by bows; and \(x\) made with two separate strokes. Also, the Tironian sign for ‘et’ or ‘and’ continued in use in Anglicana.\footnote{Roberts (2005:161).}

Sub-categories of Anglicana have been put forward by Julian Brown, based on those by Malcolm Parkes. Brown’s categories include: cursive anglicana currens, cursive anglicana media, cursive anglicana formata, and cursive anglicana formata hybrida. In currens and media the pen is not lifted, linking the minims. In formata, on the other hand, the pen is lifted, creating a more elaborate style. The strokes may be made so carefully that \(u\), \(n\) and \(m\) can hardly be distinguished, appearing simply as a row of identical minim strokes.\footnote{Roberts (2005:161).}

It is sometimes difficult to decide whether a script should be defined as Anglicana or Secretary. In some cases, as in this text, it is appropriate to refer to a mixed hand, where features from more than one style are present. In ‘A Leche’ the main style is Anglicana formata but with some Secretary letter-forms. All the Anglicana traits noted above can be found there. Secretary forms in the text include the short \(r\) and the short final \(s\).

\subsection{5.1.2 Allographs}

The presence of certain letter-forms in a text does not exclude the presence of other forms of the same letter which originate in a different script. One scribe may use several allographs of a grapheme in the same text and even in the same word. This is very much the case with the scribe of ‘A Leche’ in Gonville and Caius MS 451/392. For instance, there are three versions of \(r\) in the text, one short secretary type, and two that reach well below the line of writing.
More than one type of \( r \) will often occur in the same word, and except for the long straight allograph, which seems to be the only one to occur after the letter \( o \), all three letter-shapes are used interchangeably. The letter \( s \) is found in two versions, one short and one long. Only the short \( s \) seems to be used in word-final position, whereas the long \( s \) is found in initial and medial positions. \( y \) appears both with and without a diacritic. \( i \) also has a diacritic in some instances. The letters \( p \) and \( y \) are often formed in the same way in many late Middle English texts. This does not apply to the present text, where clear distinctions can be seen between the two letters. \( y \) is written with a left-turning tail which ends with a right hook, whereas the descender in \( p \) turns somewhat to the left. Moreover, the main stroke in \( y \) is on the right side of the letter, whereas in \( p \) it is on the left side. \( y \) could possibly be confused with \( x \) in this text, as they both feature a left-turning tail with a right hook at the bottom. What differentiates them is that the left descender on the \( x \) crosses the right one. \( u \) and \( v \) are used interchangeably, although only \( v \) is used in initial position. A few capital letters are recognized, but a problem occurs, in this respect, concerning \( w \). It has the same large size in all positions, and can therefore, despite its appearance, not be regarded as a capital letter. \( ff \) is used for capital \( f \).

Examples of allographs follow:

<table>
<thead>
<tr>
<th>Image</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Capital A" /> <img src="image" alt="Lower-case a" /></td>
<td>Distinction in size and shape between capital and lower-case ( a ), but always two compartments.</td>
</tr>
<tr>
<td><img src="image" alt="s" /></td>
<td>Always above minim height. Reaches as high as ( l ) etc.</td>
</tr>
<tr>
<td><img src="image" alt="ff" /></td>
<td>( ff ) used in the beginning of some words.</td>
</tr>
<tr>
<td><img src="image" alt="sigmo" /></td>
<td>Two allographs of ( s ). The sigma ( s ) only in final position, the long ( s ) in initial and medial positions.</td>
</tr>
<tr>
<td><img src="image" alt="re" /> <img src="image" alt="ps" /></td>
<td>Three allographs of ( r ). The third is the only one used following ( o ).</td>
</tr>
<tr>
<td><img src="image" alt="nu" /> <img src="image" alt="nu" /></td>
<td>( v ) used in initial positions, ( u ) never is.</td>
</tr>
<tr>
<td><img src="image" alt="yi" /> <img src="image" alt="p" /></td>
<td>( y ) sometimes marked with a diacritic. Clearly distinguished from ( p ) because of main stroke on the right side rather than the left. Also hook in other direction.</td>
</tr>
<tr>
<td><img src="image" alt="zi" /> <img src="image" alt="axe" /></td>
<td>( x ) distinguished from ( y ) by left descender which crosses the right.</td>
</tr>
</tbody>
</table>
5.1.3 Abbreviations

Abbreviations used by the scribe include the standard Latin abbreviations listed below:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Tironian sign used for ‘et’ or ‘and’.</td>
</tr>
<tr>
<td>Østipat</td>
<td>Abbreviation similar to the numeral 9 for con.</td>
</tr>
<tr>
<td>Eu'y</td>
<td>Curled line above letter: abbreviation for er/ir/re/ro.</td>
</tr>
<tr>
<td>Hi</td>
<td>Macron for omitted nasal.</td>
</tr>
<tr>
<td>Ppose</td>
<td>p with curl on descender for omitted –ro.</td>
</tr>
<tr>
<td>Pauntir</td>
<td>p with barred descender for omitted –er.</td>
</tr>
<tr>
<td>Þ</td>
<td>Þ with superscript t to indicate þat.</td>
</tr>
</tbody>
</table>

5.2 Dialect

5.2.1 LALME

Middle English was a language characterised by dialects. Not until the latter part of the fifteenth century did a written standard of the language gradually develop, and prior to this people more or less wrote in their own dialects. Although a challenge to modern readers of ME manuscripts because of its enormous variety of spellings for each word, this dialect diversity can also help us place the scribe of a given manuscript, and thereby get closer to discovering where the manuscript originated. The comprehensive work by Angus McIntosh, M.L. Samuels and Michael Benskin, the *Linguistic Atlas of Late Middle English* (LALME), has proved an immense resource to scholars who are conducting dialect analyses of ME manuscripts. In the general introduction to the four volumes, the authors explain why their period of focus is 1350-1450. The centuries preceding 1350 were dominated by Latin and
Anglo-Norman as a result of the Norman conquest. As few written sources in Middle English exist from this period, and a written Middle English standard emerged around 1450, the century chosen by the authors of LALME is the only period from which it is possible to make a linguistic atlas of the entire country based on written sources in various dialects. McIntosh et al. describe the written ME material as only an indirect source to the spoken language of the time, but a direct source to the written language. The authors therefore emphasise that LALME should be viewed as a linguistic atlas of written ME, and likewise that any variations displayed should be considered as ‘features of the written language, and not merely as pointers to the variation in the spoken language’. 52

Previous attempts at dialect mapping of the entire country include Oakden (1930) and Moore, Meech and Whitehall (1935), but their results were sparse because of ‘the limitations imposed by their source-material’. 53 Their approaches mostly excluded those literary sources which have been translated from one dialect to another, focusing more on local documents. This is illogical, as the neglected texts may comprise the largest group of source material for dialect research. This is not a new discovery, however. In fact, comments are found in ME sources revealing awareness of the practice of translation between ME dialects. 54

The efforts and results of McIntosh, Samuels and Benskin are of a different nature than former approaches, with a wide range of material and an extensive questionnaire to assess the consistency of the manuscripts they have examined. Their questionnaire includes 280 words commonly found in ME manuscripts, and they have compared and analysed over a thousand manuscripts, creating linguistic profiles and a ‘county dictionary’.

In 2007 A Linguistic Atlas of Early Middle English (LAEME) was published as an interactive website. A ‘daughter’ atlas of LALME, this project attempts to create a similar resource of the very limited material in written English from 1150-1325, the period immediately preceding that covered in LALME. ‘It aims, as far as the surviving material allows, to capture, display and analyse the written dialect continuum of this earlier stage in the language’. 55 As a research tool, LAEME is easier in use and more powerful than its ‘mother’ atlas, created as an interactive website with a corpus of lexico-grammatically tagged texts and a searchable database. A future aim is to rework the entire LALME based on this model. An extremely comprehensive job, this would simplify the use of LALME, and enable previously impossible dialect research to be carried out, especially in combination with LAEME.

52 (LALME vol 1:6).
53 (LALME vol.1:4).
54 (LALME vol.1:4).
55 (LAEME Introduction: ch. 1).
5.2.2 Conducting dialect investigation using LALME

In LALME base maps of England are included, showing the place of origin of each MS covered by the atlas. Also, item maps have been made, which show all locations for a particular spelling of one word or item from the questionnaire. Such maps have been made for 62 items. These maps are indispensable research-tools when trying to discover the possible place of origin for a MS. An efficient way of conducting such research using this resource is to apply what the authors have called the ‘fit’ technique. The maps and the county dictionary based on the questionnaire allow researchers to locate the distribution of one specific spelling of a word, by eliminating all the areas where this spelling is not found. Obviously, one cannot base a dialect survey on one word, so the key here is using items in combination. By creating ‘distribution maps’ of a specific spelling of several words and superimposing them, it is possible to narrow down the area of origin. This is deemed a reliable discovery procedure by the authors of LALME, and is also applied in this thesis. Results based on this kind of investigation should not be seen as absolute, however. There are many factors to consider when analysing the language of a Middle English text, which complicate the task of finding a place of origin. The size of ‘A Leche’, constituting less than three pages, was a problem when looking for consistency in spelling and grammar etc. Furthermore, questions arose concerning the copying method of the scribe.

Although there was no formal written standard in England at this time, ‘the type of written English most nearly approaching a literary standard was the language based on the dialects of the Central Midland counties’.\(^\text{56}\) Would a scribe who transcribed a text in this language keep to this, or use his own dialect? It has been suggested that an ME scribe, copying from another dialect, could produce a sort of Mischsprache, changing between copying literatim and translating unfamiliar forms into his own dialect.\(^\text{57}\) This expression was coined by Margaret Laing and Michael Benskin, who both worked on LALME. They recognise three choices for a ME scribe when copying a MS in a different dialect than his own. Either he could copy the text directly, using all the same forms and spellings, or he could make extensive changes, translating it into his own dialect. As a third alternative, he could follow a course somewhere between the first two options. According to Laing and Benskin, the last two practices were the most common. To make the picture even more complicated, however, it was not uncommon for a scribe to switch from one of the three types

\(^{56}\) Norri (1992:57).

\(^{57}\) Benskin and Laing (1981).
to another at any point during the text he transcribed.\textsuperscript{58} If we also consider that a considerable number of copies may have been made of the same MS, and that one transcription could be based on a copy of a copy … of the original, it seems quite clear that the editorial decisions made by various scribes are vital to our understanding of medieval writings.\textsuperscript{59} In order to detect which method(s) of copying has been used by a scribe, a closer examination of the text is required. A typical sign of Mischprachen is inconsistency in spelling forms i.e. mixing forms from different geographical areas. The scribe of ‘A Leche’ does not seem, at first glance, to fall into this category, as he is fairly consistent. He occasionally uses ‘sike’ for ‘sijke’, but this only applies to 5 instances, whereas the occurrence of ‘sijke’ comes closer to 30.

Much of the data in LALME is based on the questionnaire consisting of 280 frequent words mentioned above. Since ‘A Leche’ consists of less than three pages, it contains only some of the words in the questionnaire. In order to narrow down the area of the scribe’s dialect, it seemed important to focus on the words that had a spelling in ‘A Leche’ found only in a few MSS in LALME, or at least in a restricted geographical area. Those with a more uncommon spelling enabled me to create a map for each word, eliminating all areas where the spelling was not found. The words chosen were SUCH – sich(e), STRONG PAST PARTICIPLE – un, AIR – eir, FIRE – fijr, GIVE – yue, HOLY – hooli, HUNDRED – hundrid, LIFE – lijf, OLD – oold(e), WITEN (SG) – woot.\textsuperscript{60} When all my item maps were superimposed, only a relatively small geographical area remained where these words had the same spelling as in my text. The area covered parts of Cambridgeshire, Bedfordshire and Huntingdon.\textsuperscript{61} This gives us a good clue as to where the scribe of ‘A Leche’ may have come from.

The most interesting spelling found in ‘A Leche’ is perhaps that of FIRE – fijr. The combination ‘ij’ is very rare in early Middle English, found in only two MSS in LAEME. However, where ‘ij’ is used, the scribe has been consistent, keeping to this form in most words where it could be used. The form is also rare in Late Middle English. The extensive use of ‘ij’ as in ‘fijr’ may therefore be a local feature. It is found in several other words in ‘A Leche’ as well: LIKE – lijk, SICK – sijk, LIFE – lijf, MUSIC – musijk, GARLIC – garlijk.

Unfortunately, only FIRE and LIFE are included in the questionnaire in LALME, and are thus

\textsuperscript{58} Benskin and Laing (1981:56).
\textsuperscript{59} LALME only uses MSS transcribed fully in the scribe’s own dialect or MSS that are exact copies of the original.
\textsuperscript{60} A list of all the MSS from LALME which contain the same spellings can be found in Appendix A.
\textsuperscript{61} A list of the MSS which have been located to this area can be found in Appendix D. Also, an illustration map of how I used the ‘fit-technique’, where all the item maps have been superimposed is included as Appendix C. Appendix B shows the regions of England as presented in LALME, and indicates the area of focus for the dialect investigation.
the only words with this spelling that could be investigated any further. Interestingly, these
two items proved to be the key words when narrowing down the area of origin of our scribe.
‘fijr’ is only used in four of the MSS in LALME, and so does not necessarily provide the full
picture of the actual spread of this spelling. Nevertheless, it is a clear indicator that this
spelling is not common, and considering that all four MSS originate from a relatively small
geographical area, it is likely that other texts containing this spelling will also be connected to
this area. ‘lijf’ is present in more than thirty MSS in LALME with a much larger geographical
spread than ‘fijr’. However, the area where the spelling is found is further South-East than for
any of the other words mapped out, and the main concentration of MSS is in the same area as
the ‘fijr’ manuscripts. An even more uncommon spelling found in ‘A Leche’ is ‘iy’ as in
‘wiyn’. This combination is not found in any of the MSS in LAEME, and where it appears in
LALME, the ‘ij’ forms are typically found in the same text.

Another interesting feature of the spelling in the text is the wide use of ‘double o’.
moost, goode, hooli, noon, oonli, oon, doon, oond, oold are some examples from the MS.
Tracing their Old English predecessors, we find both words with long a and with long o
indicating that the scribe of ‘A Leche’ has given equal status to the reflexes of OE long a and
long o.

So far, the scribe seems to be consistent with regards to spelling forms. It is therefore
worth noting that he writes ‘hond’ in the singular but ‘handis’ in the plural. This could
indicate that the scribe vacillates between an exemplar in a different dialect and his own
dialect, possibly producing, at times, some form of Mischsprachen.

When determining what kind of copying practice was applied by a scribe, it is
important to establish whether the scribe was the author of an original text, the translator of a
Latin source text, or the copyist of another English exemplar - often in a different dialect. It
cannot be completely ruled out, but considering the lack of originality in English fifteenth-
century medical writing, the first alternative is not very probable. Although he seems to be
uncertain in some cases, the general impression is consistency in spelling forms, some of
which are very uncommon. It is likely then, that the scribe of ‘A Leche’ used his own dialect
throughout the text, and that he was only mildly influenced by his exemplar which was
probably written in a different English accent from his own, rather than in Latin. As noted, his
area of origin according to my dialect investigations is likely to be a limited region covering
parts of Cambridgeshire, Bedfordshire and Huntingdon. Narrowing this down further would

62 E.g.: oon= OE ān, hooli= OE hāli, goode= OE gōd, doom= OE dōm.
require an extensive and time-consuming independent investigation, searching in manuscripts for ‘ij’ and other uncommon spellings in ‘A Leche’ that were not included in the item list in LALME.
6. Historical and geographical context of ‘A Leche’

This chapter will sum up the findings from the preceding chapters, and use the historical background provided to find a probable environment for the production and use of ‘A Leche’. Finally, suggestions for further studies of this text are presented.

6.1 Function, context and possible users

In her introduction to *Healing and Society in Medieval England: A Middle English Translation of the Pharmaceutical Writings of Gilbertus Angelicus*, Getz discusses the criteria for determining the function of a medieval manuscript which contains recipes, pointing first to the fact that they are usually written in more than one language. She emphasises the difficulty of using language as a determiner, because ‘although in general one may say that Latin was the language of the university-educated physician, while English was easier to understand for those outside the university, be they lay person or medical practitioner, the division was not clear-cut.’63 She goes on to propose that ‘in a multilingual society like that of medieval England, language alone must be regarded as an exceedingly inexact indicator of ownership.’

Gonville and Caius MS 451/392 is written in two languages. There are a number of recipes in both Middle English and Latin, and in some recipes both languages are used. One cannot determine the background of a compiler of such a manuscript, based solely on the languages used. They simply tell us that whoever collected or owned these texts was literate in both English and Latin, and as has been noted in previous chapters, those were not uncommon characteristics in late medieval England.

The next criterion mentioned by Getz is that of intended usage. Collections of recipes, often including instructions about how they should be used, were most likely made for practical use rather than simply serving as copying practice. In Gonville and Caius MS 451/392 the presence of ‘A Leche’ is a good indicator that this is a compilation meant for practical study and use. A deontological text giving advice and instructions about the deportment of a medical practitioner in his encounters with patients is clearly not meant for theoretical studies. Such a text is directed at a working practitioner. Separate texts about deontology, like ‘A Leche’, are rare in Middle English manuscripts. As noted, however, some

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practitioners who wrote medical texts, like John of Arderne, included a section about conduct and behaviour in their treatises on various subjects. Comparing ‘A Leche’ to such texts has proved interesting when looking for norms or standard advice, and possible deviations from such advice. As pointed out in section 4, the presence of very similar deontological advice in both surgical and medical texts, emphasises the difficulty of placing medical practitioners in sharply defined categories.

Peter Murray Jones poses an interesting question about the use of medieval manuscripts and the difficulties faced by modern scholars who study them: ‘How can we know what use a medical practitioner might have made of written information if we ourselves as historians must rely on written documents alone for evidence?’ Jones suggests a leap of imagination, describing our medieval user as a man literate in both Latin and the vernacular (as the user of Gonville and Caius MS 451/392 would also have been) and so ‘if not matriculated at the university has had some exposure to medical learning through being present in a university town with a medical faculty’. Jones further suggests that it was commonplace for medical practitioners not to have a medical degree or license, but still be well-read in medical books. This further supports the view of blurred boundaries between the categories of medical practitioners.

British Library MS Harley 2558 was written by the practitioner Thomas Fayreford in his own hand, and is therefore an interesting source for exploring medieval practitioners’ use of written texts. It is a commonplace book according to Jones, and it is clear that ‘the compiler meant it to be of use to a son or an apprentice who would inherit the book’. Jones further notes that Fayreford works as both receiver and transmitter. ‘The way that he compiles his commonplace book throws a great deal of light on the integration of practical experience – his own and others’ – with the fruits of his own reading of medical texts’.

Asking some of the same questions that Jones poses about the Harley 2558 may help us learn something about the owner and user of Gonville and Caius MS 451/392. As mentioned above, the deontological text is only a small part of a 94 page long compilation, where the remaining texts are mostly recipes, both in English and Latin. The compiler or owner cannot possibly have been the sole producer of this MS, as it is written over time in several different hands. However, throughout the compendium notes have been added in the margin, possibly experiences or advice included to make it even more useful to the present

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owner (or to the next owner). This supports the suggestion of an active and practical use of the MS, and also implies that the owner may be the producer of parts of the MS. The additional notes are in different hands than that of ‘A Leche’ however, so it is unlikely that the scribe of this text was the owner of the MS.

A technical description of the MS may tell us something about the circulation of its contents and how it was received by its early readers. Its physical character can thus shed light on the status of its writer(s) and user(s).

It is necessary to make a distinction between ‘A Leche’ and the entire compilation of Gonville and Caius MS 451/392. If we consider first the compilation as a whole, a striking characteristic is its variation in regard to scribal hands, size of sheets, and contents. The layout is far from uniform, but although featuring variation, the texts all belong to the medical field (a few somewhat distantly seen with modern eyes, dealing with alchemy and the distillation of aqua vitae). Some of the texts are elaborate works by professional scribes, whereas others are mere notes scribbled down. Some pages left half blank by one scribe have been used, as noted, by the compiler or a later owner for making notes. Mistakes have been vigorously crossed out in many of the texts. This applies in particular to the less elaborate texts, suggesting, along with a great number of marginal notes, that the scribe of these texts was also the user. The compiler and user of this MS then, may have been a literate practitioner of medicine. Judging by the uneven size of the sheets and uneven quality of the hands, the user was probably not wealthy enough to afford a beautifully made book. Rather, he collected different pieces of interest to him and compiled them into a handy leechbook.

Further, the practical nature of the contents along with the extensive marginal notes make it reasonable to assume that the compilation was in private hands, and not part of a library originally.

Considering only ‘A Leche’, however, presents us with a different picture. The hand is consistent and professional, containing only two mistakes which have been corrected by the scribe himself. The pages are the same size, containing the same number of lines and the same marginal dimensions. All the physical attributes of this text point towards a professional scribe who had a good system for copying texts.

The author of ‘A Leche’ has made use of Greek authorities by including references to Seneca and Oribasius in the beginning of the text.\footnote{‘[S]Enec’ (p.20, l.1), ‘Olibasie’ (p.20, l.4) in ‘A Leche’.

Invoking authorities was a common medieval practice, to give the text weight with all readers. In fact, it was so important that
authors would sometimes include such authorities, simply to follow the expected format. This is most likely the case in ‘A Leche’, where there are no obvious reasons for invoking the two authorities found there.

### 6.2 Possible origins

No other copy of ‘A Leche’ has as yet been identified in any other manuscript. As noted, most medical writings in Middle English in the fifteenth century are translations from Latin, and it is therefore not unlikely that this text also has a Latin source. Its syntax is very loose. In many cases the subject is missing, and it is difficult to determine what a verb or adjective refers back to. In particular, the reference of he is often unclear. Generally speaking, the language is repetitive. The words ping or pingis are found 23 times in the text, denoting anything from food to entertainment. E.g. ‘fewe pingis but trewe speke þou’ (p. 20, l. 12), ‘taaste he pingis medlid wip glad cheere’ (p. 20, l. 20), ‘if god wole alle pingis shal wel procede’ (p. 21, l. 2), ‘his niwels or sportful pingis be treetid before him’ (p. 21, l. 26). Along with the loose syntax, this lack of precision seems to indicate an English translator who has had problems finding suitable English equivalents for a number of words in a Latin original. These are my main reasons for arguing that ‘A Leche’ was originally composed as a more precise text in Latin, which was later translated into Middle English. The apparent lack of copying errors in the text in Gonville and Caius MS 451/392 can probably be attributed to the professionalism of the scribe, and further suggests that this text was copied from an existing translation, rather than being a first attempt to translate the Latin into English.

If this is a correct assumption, questions arise as to when the original Latin text was composed (whether it originated centuries earlier, or was a more recent text), and what approach the Middle English scribe used when copying it. Until a possible source text has been located, however, it is impossible to determine what kinds of emendations have been introduced by the scribe. Arguments presented both above and in section 5 seem to indicate that the scribe of ‘A Leche’ copied from an English exemplar in a different dialect (which again had a Latin source text), and that he was not the translator of the text. Unlike Thomas Fayrford then, our scribe would only have functioned as a (hired) transmitter of someone else’s knowledge aimed at a third party. However, without a source text, only assumptions can be made about the historical origins of ‘A Leche’.
As regards geographical origins, on the other hand, research tools are available to narrow down the scribe’s dialect background. The investigation conducted by means of the ‘fit-technique’ and LALME places the language of ‘A Leche’ in an area covering parts of Cambridgeshire, Bedfordshire and Huntingdon. Had the text been longer and contained more items from LALME, a more detailed dialect survey could have been performed, and a smaller area identified. As noted in section 5, an alternative but prohibitively time-consuming approach, would have been to compare as many manuscripts as possible from the designated area to ‘A Leche’ in a search for more mutual spelling forms. Such a vast project would be inappropriate for a thesis of this kind.

6.3. Conclusion and further study

The previous chapters have explored various fields within medieval medicine and writing with the common aim of providing a historical and geographical context for ‘A Leche’. Medical education and medical writings had to be considered, in order to find a potential readership for the text, and to establish what kind of environment ‘A Leche’ could have been produced in. The dialect investigation also played an important role in answering these questions, by narrowing down the possible area of origin.

As has been argued in the different sections, ‘A Leche’ is a highly interesting text which certainly deserves closer attention. Unusually in medieval medical writing, ‘A Leche’ offers an independent deontological text. It includes advice, much of it seemingly universal, concerning the deportment of a leech.

Further studies could be carried out on both contents and language. ‘A Leche’ could be compared to more deontological texts in order to get a wider picture of general themes in such texts. A closer examination of the language could possibly help narrow down the area of origin, and provide useful information about developments in this dialect, e.g. the spelling forms used at this time in relation to the Great Vowel Shift etc.

In this thesis the main aim has been to make the text known to a wider group of readers, and therefore many aspects which are worth considering, had to be left untouched for now. As noted in the introduction, however, the thesis may function as a preliminary study to an edition, which is more detailed and has a wider scope. I believe such an extensive study is essential to give ‘A Leche’ the attention it deserves.
7. The Text

7.1 Principles for the transcription of ‘A Leche’ in
Gonville and Caius MS 451/392, pp. 20-22

When transcribing a ME manuscript, many editorial decisions must be made, depending on what the goal and who the readership is. As noted in the introduction, one of the aims of this thesis is to make a semi-diplomatic transcription of the text. In order to do so, one must stay as close as possible to the source text, and thoroughly account for any changes made. In this transcription, no lexical changes have been made. However, several other emendations must be mentioned.

The various abbreviations used by the scribe have been expanded and italicised. They are described and illustrated in section 5, and are also listed in section 7.2 below.

$u$ and $v$ are kept as they appear in the original although, as noted by McIntosh et al., they are merely alternative forms of the same ME letter.\(^{68}\) Note that only $v$ is used in initial position. As a general definition, $i$ and $j$ are also simply variants of the same ME letter. $j$ is ‘i-longa’.\(^{69}\) In this transcription however, they are distinguished as two separate letters.

Lexically, $y$ can also be compared to $i$, as they often denote the same letter. They are nevertheless presented as different letters in the transcription, and also appear as the combination $iy$ in one instance. Concerning the appearance of $i$, it is found both with and without a diacritic in the original MS. In the transcription however, the modern $i$ is used in all instances.

In the anglicana formata script, the letters $n$ and $u$ are, as noted, nearly impossible to distinguish by form. They are distinguished however, and presented in this transcription, according to their lexical identity, which is usually easy to discover when considering their immediate context. When more than two minims follow each other they may be confused with $m$, but again the lexical identity separates them.

Allographs of a letter, as opposed to the letters mentioned above, have been regularised. This has been done as the allographs do not seem to bring about any change in meaning in this text, but are used more randomly.

Capital letters, when they can be distinguished, are reproduced as they appear in the MS. This is not possible as regards the $w$, as it appears in the same large size in all positions.

\(^{68}\) LALME vol 3:xv.
\(^{69}\) LALME vol 3:xv.
in the MS. In the transcription, the \( w \) appears as a lower-case letter in all instances. Word-initial \( ff \) has been kept, rather than changed into a capital letter.

Punctuation has been kept more or less as it appears in the original, except for the tironian sign (+), which has been replaced with the ampersand (&).

Consideration must also be given to dealing with crossed out words, marginal notes, word division and illegible words. In this transcription crossed out words are kept as they appear in the MS, so also word division. As for marginal notes, there is only one in this text, found in the left margin on p. 20 alongside lines 27-29. This is included at the end of the transcription.

As the original text is relatively short, a facsimile from the MS is included in section 7.3, to provide the reader with a better understanding of the graphemes and symbols used.

### 7.2 List of principles

Abbreviations which have been expanded (see section 5.1.3 for pictures of the symbols of abbreviation as they appear in the MS):

**Macrons:**

\[ \text{ū} \] - *un* (questiūs - questiouns) or -*um* (chaūbre - chaumbere)

\[ \text{ē} \] - *en* (mē - men)

\[ \text{ā} \] - *an* (mā - man)

\[ \text{ī} \] - *in* (pīgis - pīngis) or - *im* (hī - him)

\[ \text{ū} \] - *yn* (bigūng - bigynnng)

\[ \text{ū} \] - *on* (anoū - anoon)

\[ \text{ū} \] - *mn* (lightsumes - lightsumnes)

**Curled line above preceding letter:**

- *er* (manūs - maner)

- *ur* (pūfie - purifie)

- *re* (pūise - preise)
-ir (v'tu – virtu)

P with barred descender:

-er (pauntir - perauntir)

P with curl across descender:

-ro (pcede - procede)

Symbol similar to the numeral 9:

-con (stipat – constipat)

Punctuation:

+ The Tironian sign is replaced with &
.
· Punctus elevatus appears as a full stop and an apostrophe
· Punctus (raised full stop) appears as in the original
/ Virgule appears as slanting line
7.3 The original MS

(Photocopy of Gonville and Caius MS 451/392 pp. 20-22 reproduced by permission of the Master and Fellows of Gonville and Caius College, Cambridge.)
Copyright material
7.4 Transcription

‘A Leche’

Gonville and Caius MS 451/392, pp. 20-22.

{S}Enec in þe booc of naturel questiouns seith · þer is noon more victorie:
þan to tame vicis / for bi a maner листnes of soule or of bodi.’

vicis quench · what so euere is of good maner & vertu / & herof is it
þat olibasie seith · warnynge a leche þat he forsake vicis.’ & cleue to vertuous maneris / wherfor he comaundith a leche þat he seke not þe firste sittingis in chaumbre ne þe firste chairis in table / Intende he noȝt to dispute

of vrinis in opyn before lewid men / for if I be domesman of þe halle of ypo.’

al disputacioun maad bfore lay men · is to be blowun out foo [sic] þe scolis of
so greet a doctour / he comaundip also þat he be curteys · meek · shame
fast · mylde · of fewe wordis · not proud / A leche bodun to mete.’ take he in

pacience þingis set forth / preise he þe mynistris & þingis mynistrid bfore
þe sijk man wiþ shorte spechis / Aftir þat þat is seid / ffewe þingis but tre-

we þou speke þou: wordis wiþ werk conferme þou / for þe mouth of a

profete bisemeth not to be pollutid wiþ lesing / fforsøpe aboue alle þingis þe

leche gete him alwey frendshipis bi his miȝt of hem þat ben more famyliar wiþ þe

sijke / And sette he forth him sylf & hise ȝiftis vnto hem / moost to hem of whi-

che remuneracioun is hopid / & ȝyue he him sylf al to werk aboute þe sijke /

& þat on two maners / þat is to seie · boþe to spiritual werkis considerin-

gé what þingis be to be don aboute causis of helpe.’ & also to manuel operaciouns /

make he redy mete · birle he wiyn · taaste he þingis medlid wiþ glad cheere · þat

alle þingis be takun more desirauntli of þe sijke / & in vessells & vsual þingis · &
hand towals & oþere þingis aboute þe sijke · be he bisi wiþ al honeste / ofte at þe table aske he þe sike what he doith / visite he þe sike ofte in þe day · & of te in þe nîȝt if he may · þat he putte hope in him as in þe autour of his helþe / And whanne he neȝȝith to þe sijke · if he be delicat & feble: axe he him ðeþe þingis neuerþeþes þese þingis ben in þe bigynnyng to be axid / whanne & how · þe sijknes comeþ to him / If it come wiþ typo · or wiþ pricching · or fastinge or ful · if it come aftir traueil or aftir reste / if ony mouynge of þe soule as ire · sorowe & siche oþere liȝk þese gon bifoþre / At þe laste touche he þe pows to an hunþrid stroakis · & wiþ scilence · fforsœþe / presse he þe fyngris more in a fleisshi man · & lesse in him þat is sklendre or lene / axe he þe first vrine or þe secounde of hem þat ben familiar of him / Axe he of þe seruauntis if he be constipat · if he slepith · & wh at he etþ · what he drynkiþ · his maner & his vss · & if he be confessid / & bifoþre þat he se him seie he · þat he wole put noon hond to him · bifoþre þe prest haue put · þat is til þe prest haue seen him & spokun wiþ him / se he what maner habitude þer was in him hool · Aftward comparisowne he þe vrine wiþ þe pows : & ȝyue he doom wiþ him silf in his owne soule / if frendis stonden niȝþ seie þat he ȝyue doom anoon of staat of þe sike · Answere he warli & seie he vndir doute / I se now first þe vrine & þe sijke / but þis I woot þat þer is greet appara çocuklar of sijknes · but l (p.21) ȝit woot I not what shal be þe þreet or þe ende · Conforte he þe sijke & seie he to him / if god wole alle þingis shal wel procede · & I woot wel þat quiet sleep helþiþ moche · & moderat euacuacioun of þe wombe / þe leche pondere his wordis est þei take him in word / Prolonge he þe tyme of couenaunt · til aȝenward aftir sleep he haue deemed þe pows & vrine & þingis cast out / se he þe appetit & strong
vertu & oþere pronosticat signes · þe whiche ben · miȝt · liȝtnes · kynde vel species / mynde
sleep · spirit · strooc · & sich oþere · & after þat make he couenaunt / If he trowe þat þe
pacient laboure sharpli · seie he to his frendis · þat he shal putte noon hond to him ·
bifore he haue þe riȝtis of hooli chirche · verili forsoþe þe laste anoyn ting haþ cu-
rid manye & haþ liȝtid ful many · fforsþe whanne þe pacient shal be fed .’ þe le-
che shal enfoorme hem þat ben aboute him · þat þei serue him honestli in a clene cloþ
wiþ clene knyues & salt / & also þe cook in his office / & se he þat alle þingis
be prompt / lest for defaute of ony þing · þe pacient be wrapþid of ony / & prýuyli
axe he of þe sijke whiche he wole þat be wiþ him in his mete .’ & oonli þei · be lete
yn by þe keper of þe dore / & alle oþir be þei stille .’ or oonly speke þei siche þin-
gis shortly þat plesen þe sijke / & if aftir mete he laboure contynueli .’ oon
aftir anoþer go out warli · þat he reste / & euery niȝt þe meyne clepid to gidere bi hem
silf: trete þei of þo þingis þat shal be doon in þe morn · as wel of mete as of
drynke & of oþere þingis / & aboue alle þingis þe leche be war .’ þat þe sijke lie not
in corrupt eir / þat if þe eir is corrupt .’ he purifie it bi fiȝr / fforsoþ al oonli þe pu-
ritee of eir · & liȝtsumnes of place · haþ curid infinite manye / If it be a child þat
haue þe feuer .’ sutale children be niȝ þe whiche he loueþ · ete þei & pleye þey
bifore him / if it be oolde men þat be sijk .’ heere þei þo men þat treten sadde þingis / &
honeste / kniȝtes & noble men .’ haue þei hem þat ben li;k to hem / if þe sijke lo-
ueþ instrument of musijk .’ heere þei it / but fro fer whanne he desiriþ to res-
te / if he loueþ briddis · be þei fed bifore him & his niwels or sportful þingis
be treetid bifore him / þe leche folowe his custum / aske he in what metis þe paci-
ent was delitid whanne he was hool · & þe our of mete & how ofte in þe
day he eet .’ þat bi his miȝt þe consuetude of þe sike be kept / þei þat ben
aboute speke opynly .’ lest þe sijke haue suspect þe þryuy speche of hem · þat
of his death or of his goods / before that any enter to the sick.

be so informed of the physician diligently of what things he shall treat / & dwell so per a little / propose so few good things & pleasant to the sick / An yeul messenger enter not before the sick. So which tell yuel tidings / but bring he forth delitable things & myrtheful trespasses if he be any so sick not knowning. So be so corrected by friends / trapping of feet be forbidden about the sick. So chiding · crying · & noisiness / the physician teach one more loved & familiar. So that when he is not present · he be his vicer · & as another practitioner / which shall see to the sick. So that he (p. 22) would take tent of things to be made ready / when he ordinary sleep occupies him. So sleep he little if he may after meat / that as with fasting spotil he come before the sick. If he be snubbed of any · see he · he ha ḏ do that · that he mowe better wake by night / use he spices of great odour. So lest his oond be felid greuous / as it is done for strong wine · or for eating of garlik · or other like such / so he that his hands & his nails be found without filth · wash he the hands oftentimes before the sick. & him self minister to him in the meat · so that he prepare his business / if the sick bid that he eat before him. So see he to him if it please it is better & more honest that he eat with the meye & felows / honowre (^he) alwey strange lechis if he be ony. & deeme he priuyli of her sentencis / before he alwey that he pacient sitte aptly at the meat / minister he algatis to the pacient with gladsum cheere: that he triste of his helpe / conforte he him. So pou3 that nature shewe forth sum thing contrariousli / wille he not zyve doom on heed. So for certain signs of lijf or death · komen not alwey ready in the day indicatif / presume he neuere to babcite any leche / correcte he yuele seid thing wiþ a
meene vois · wershepe he al þe meyne / Preise he dwellers & þe cuntre /

Arise he to comeris · go he aȝens noble men · bere he felowship to goeris

out & whanne him silf goiþ · go he out wiþ licence

The Latin note in the margin on p. 20 (at lines 27-29) is worn and partly illegible, but a possible (partial) reading is:

‘tipus .id est. frigus t[...]or l rigor j[..] c[..] l [....] ti[..]ice ffe l bres .id est. interpolat[..]

It may be an attempt to gloss ‘typo’ in line 27, but this is difficult to determine.
8 The Translation

8.1 Notes on the translation of ‘A Leche’ in
Gonville and Caius MS 451/392, pp. 20-22

A translation is included in this thesis in order to make the contents of the text accessible to scholars who are less familiar with Middle English. The language has been modernised in an attempt to create a text where the contents are in focus. Naturally, changes have been made to the syntax, and the punctuation has been modernised. As noted in section 6.2, the original syntax is very loose, and the language generally repetitive.

8.2 Translation

Seneca says, in the ‘Book of Natural Questions’\(^\text{70}\), that there is no greater victory than to cure illness, to end illness through a kind of lightness of soul or of body. Whatever is of good moral and virtue, and this is what Oribasius\(^\text{71}\) speaks of - warning that a leech should forsake vice, and that he should keep to virtuous manners. Therefore he commands a leech not to seek precedence in the room nor at the table. He should not enter into public dispute about urine in front of lay men, for if I were to judge in the Hall of Hippocrates\(^\text{72}\) all disputes in the presence of lay men should be blown out of the schools of such a great doctor. He also commands that the leech be courteous, gentle, humble, gracious, not talkative, and not proud. When a leech is offered a meal, he should calmly accept things set before him. In front of the patient he should praise the servants and the things they serve with short speeches. After that is said, he should

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\(^{70}\) Seneca the younger: Lucius Annaeus Seneca (c. 4 BC-AD 65). Orator, tragedian, philosopher, statesman. Seven books called ‘Naturales questiones’ are attributed to him. These are of no great originality, but offer insight into ancient theories on cosmology, meteorology etc.

\(^{71}\) I take Olibasie to mean Oribasius. He was a Greek medical writer (c. 320-400), personal physician to the Roman emperor Julian the Apostate. His two principal works are: excerpts from ‘Galen’, and the Collectiones medicæ, a vast compilation of excerpts from earlier medical writers.

\(^{72}\) I take Ypo to mean Hippocrates.
speak the truth, but in few words: he should confirm words with deed. It is not fitting that the mouth of a prophet be polluted with lies. Indeed, above all things the leech should always, to the best of his ability, make friends with those who are most intimate with the patient. And he should present himself and his gifts to them, most of all to those from whom payment is hoped for. And he should devote himself to work with the patient, and that in two ways, that is to say, both in a spiritual way, considering what things are to be done about the causes of health, and also in a practical way. He should prepare food, serve wine, taste mixed medications cheerfully, so that all things are partaken of with more pleasure by the patient. And be he also busy with good manners with vessels and the usual things, and hand towels and other things around the patient. Often at table, he should ask the patient how he is doing. He should visit the patient often during the day and often during the night if he can, so that he puts faith in him as the maker of his health. And when he approaches the patient, if he is frail and weak, he should ask him few questions. Nevertheless these things need to be asked to begin with: When and how the illness comes upon him, whether it comes with a sharp sting or with a pricking sensation, whether on an empty stomach or full, whether it comes after hard work or rest, and whether any strong emotion, like anger, sorrow and such like, has occurred beforehand. Finally, he should feel the pulse to a hundred strokes in silence. Indeed, he should press the fingers more in a fat man and less in one who is slender and slim. He should ask for the first or second urine from those who are intimate with him. He should ask the servants if he is constipated, if he sleeps and what he eats, what he drinks, his behaviour and his way of living, and if he has made his confession. And before he examines him, the leech should say to him that he will put no hand on him before the priest has done so, that is till the priest has seen him and spoken with him. He must learn what his constitution was like when he was healthy. Afterwards he should compare the urine with the pulse and judge to himself in his soul. If friends are standing near and ask that he should judge the condition of the patient at
once, he should answer carefully and say as if in doubt: “I first examined the urine and the patient now. This I know, that there is great appearance of sickness, but I know not yet what shall be the treatment or the outcome”. He should comfort the patient and say to him: “If God will, all things shall go well. And I know well that the quiet sleep helps much, and moderate emptying of the stomach”. The leech should weigh his words so they cannot reproach him afterwards. He should prolong the time before he settles the contract till after the patient has slept and he has yet again judged the pulse and urine and faeces. He should check the appetite and physical strength and other prognostic signs which are power, lightness, constitution, vel species, mind, sleep, spirit, stroke and such like, and only then make a contract. If he believes that the patient struggles severely, he should say to his friends that he shall put no hand on him before he has the rites of the Holy Church. In truth, the last ointment has cured many and has comforted even more. Indeed, when the patient is to be fed the leech shall inform those who are around him that they must serve him with honour using a clean cloth and clean knives and salt. And also the cook in his service should see that all things be prompt, so that the patient does not become angry because something is missing. And he should ask the patient openly whom he would like to have with him for his meal, and only they should be let in by the keeper of the door. All others should be quiet or only speak such short things that please the patient, and if after the meal he still struggles they should leave carefully one after the other so he may rest. And every night the household should be called together by the leech. They should discuss the things that should be done in the morning, food and drink as well as other things. And above all things the leech should make sure that the patient lies not in unclean air, that if the air is unclean he should purify it with fire. Indeed, just the purity of air and light of place alone have cured infinitely many. If it is a child who has the fever, clearly there should be children near, whom he loves. They should eat and play in his presence. If it is old men who are sick, let them hear those who discuss serious things.
Respectable knights and noble men, they should see those who are like themselves. If the patient loves a musical instrument, he shall hear it, but from a distance when he wishes to rest. If he loves birds, they should be fed before him, and his dwarfs or amusing things put before him. The leech should follow his custom. He should ask what kind of food the patient loved when he was healthy, and at what hour he ate, and how often in the day he ate, so that, to the best of his ability, the normal conditions of the patient may be kept. Those who surround him should speak openly, so that the patient does not suspect their secret conversation, that they discuss his death or his property. Before anyone enters to the patient they should be informed carefully by the leech of what things they may discuss. And they should stay there a little while. They should propose only a few things that are good and pleasing to the patient. A negative messenger may not enter before the patient: he who tells bad news. Instead he should bring pleasing news and amusing wrongdoings. If there is anything the patient does not know about, this should be corrected by friends. Tapping of feet is prohibited around the patient, and also scolding, crying and noise. The leech should teach someone, who loves and is intimate with the patient, so that when he himself is not present, this person may be his deputy. And like a leech he shall say to the patient that he will take care of medication which needs to be prepared. When perhaps tiredness takes possession of the leech, he should sleep a little if he can after meals so that he may approach the patient with the spittle of a fasting man. If he is treated with disdain by anyone, he should say that he does so in order to wake easily at night. He should use strong smelling spices for fear that his breath may smell unpleasant, as it may do from strong wine, or from eating garlic or other such things. He should make sure that his hands and nails are found spotless. He should wash his hands often in front of the patient and he should serve the patient his meals himself, so that his efforts may be praised. If the patient asks the leech to eat with him, he should say that if it pleases the patient it is better and

\[73 \text{ I have interpreted } niwel \text{ as } nirwil, \text{ which means dwarf.}\]
more respectable that he eats with the household and fellows. He should always honour strange leeches if there are any, and consider their judgements privately to himself. First he should make sure that the patient always sits comfortably at the meal. He should always serve the patient cheerfully. If he is sad because of his health, he should comfort him. Even though nature shows something different, he will not judge rashly, for certain signs of life and death are not always clear on the indicated day. He should never speak ill of any leech behind his back. He should correct evil things said with a hard voice, and honour the household. He should praise the locals and the area. He should greet guests standing up and go to meet noble men, be polite to those who go out, and when he takes his own leave, he should go with license.
Bibliography


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Appendix A

Items from LALME used when conducting dialect research by use of the ‘fit-technique. The spellings given in italics are those found in ‘A Leche’. Listed below each item are the MSS included in LALME which have the same spelling of these words. Item numbers refer to their numbering in the LALME questionnaire.

10. SUCH – siche, sich
Bed 4708 9480, Bck 748 6660 6670, Cam 672 753 4230 4267, Chs 136 1330, Dby 140 320 577, Dor 9500, Ely 60, Htf 6550 6561, Hu 55 461 754 755, La 167 259 583 1366, Lei 300 537 661, Li 206 226 316 550 927, Nfk 281 4656, Nht 738 752 9340, Nt 110 164 235 509 578, Pet 556, Stf 726, Sur 5620, Wrk 4683, 7990, Wml 389, WRY 211 262

64. STRONG PAST PARTICIPLE – un
Cam 753, Chs 43 246 448 1331, Dby 257 577, Ely 60, Hu 55 461 518 561 709 745, La 25 87 154, Nfk 4041, Nht 739 4276, Nt 164 511, Sal 223, Pet 763, Stf 519, Wrk 65 1307 4675, WRY 29 597

69. AIR – eir
Bed 749, Bck 748, Cam 291 753 4230 4773, Ely 673, Hu 55 427 561 745 761, Li 4289, Nfk 4622, Nht 742, Sal 192 704 4218, Pet 556, Stf 529, Wrk 65 4680 4686

124. FIRE – fijr
Cam 6180, Htf 6590, Nht 762, Pet 763

137. GIVE - 3yue
Bed 749, Bck 748, Cam 660 672 698 743 753, Dby 54, Hu 461 541 709 745 755, Lei 56, Li 927, Nfk 640, Nht 705 741 742 762 4707, Nt 511 530, Sal 102, Pet 536 763, Stf 36 243 519, Wrk 4063 4675

155. HOLY – hooli
Bck 748, Cam 672 743 753 4773, Hu 427 461 745 754, Nht 742, Pet 556
157. HUNDRED – hundrid
Bed 749 8180 8190, Bck 748 774 6650 6660 6680 6720, Cam 698 753 4230 4773 6180, Chs 419, Dby 3 61 201 714, Ely 60 558 673, Ex 6220 6250 6360, Gl 7020 7060, Ha 5610, 9510, Hrf 7380 7391, Hu 541 709 745 754, Lei 661, Li 422, Lon 6430, Mx 6450, Nfk 281 651 4564 4569 4571 4646, Nht 562 4707, Ru 554, Sal 192, Pet 763 766, Stf 519, Sfk 4768 8301 8330 8360 8380 8470 8491 9320, Sur 5641, 5770, Sx 9300, Wrk 4675 8070 8110, Wor 7761

169. LIFE – lijf
Bed 749 4708, Bck 774, Cam 743 753 4230 4711 4773, Ely 673, Hu 427 461 518 541, La 6, Lei 536, Nht 739 742 762 4276, Nt 509, Pet 763, Wrk 4063 4686, WRY 18

196. OLD – oold(e)
Bed 4708, Cam 672 743 753 4711 4773, Dby 201, Hu 55 427 745 761, Li 550, Nht 738 742 4276, Ru 97, Stf 80 702, Wrk 534 678 4285 4682

257. WITEN (sg) – woot
Bed 749, Bck 748, Cam 672 698 743 753, Dby 61, Ely 60 559 619 673, Hu 55 427 518 561 709 745 755 761, Lei 537 661, Li 69 512 927, Nfk 424 651, Nht 739 741 742, Ru 99, Pet 556, Stf 36 519, Sfk 4568, Wrk 4679
Appendix B

Map of the English counties from LALME. The highlighted part shows the map found in Appendix C, the area of focus in the dialect investigation.
Appendix C

Section map of the area of focus for the dialect investigation, as indicated in Appendix B. The red lines are drawn between the outermost manuscripts for the specific spelling of each item. The item maps have been superimposed to show the probable area of origin, the only area in which the specific spellings for all the items are found. The numbers scattered on the map refer to all the manuscripts or Linguistic Profiles from this area which are included in LALME.
Appendix D

MSS in LALME which originate from the restricted geographical area presented in Appendix C, the area of origin of ‘A Leche’ according to the dialect investigation performed using the ‘fit-technique’.

Bed 749: Cambridge University Library M.m.ii.15.
   Hand of Prologue to Wycliffite Bible.

Bed 9480: Dublin, Trinity College 70 (A.4.22).
   ff. 30r – 195r: religious prose texts.

Cam 743: Cambridge, St. John’s College 193 (G.25)
   Hand B, f. 17r to end. Commentary on the Apocalypse.

Cam 753: Huntington Library, San Marino (California), HM 134.

Cam 4230: Oxford, Bodleian Library, Tanner 17.
   MS in one hand, ff.111. South English Legendary.


Hu 461: Cambridge University Library. li.v.41 (D).
   Hand B, ff. 10v-69v. (Language almost identical to that of Durham, Dean and Chapter Library A.iv.22. May be the same hand).

   Hand of prologue to Wycliffite Bible.

Hu 754: Dublin, Trinity College 75 (A.1.10).
   Hand E, ff. 238r – 254r.